Harold Weisberg - Confidential - not to be used

Saturdqay 11-16-68

Interview with Dr. Malcolm Perry at Parkland Hospital, Thursday, 11-14-68

Penn Jones, Jr., accompanied me to the hospital and in the interview, although he asked no questions. Dr. Perry was cordial, met us in the main lobby at the information desk, and invited us to his office for greater privacy. He is a handsome man, tall and slightly thin, with a pleasant, smiling face, an open, earnest manner. He was raised by his grandfather when his father died either before he was born or when he was quite young. The grandfather was a country general practitioner. It seems this is what Dr. Perry might have liked to have been, but he feels changes in practise and patient attitudes works against success this way and impels young doctors to specialize. He is a vascular surgeon and is unostentaciously proud of his proficiency. He explained his tracheotomy on the President as one with a transverse incision that would, on healing, be invisible because it would be hidden by the folds of skin. It never occurred to him how strange it might seem that he went to this great care with cosmetic concerns when his patient was irreversibly dead at the time of surgery. This could be interpreted as a spontaneous act, the skilled surgeon automatically using his best technique. In any event, it was not the customary, vertical incision and, he agreed, should have been immediately recognizable to any competent practitioner. He further agreed that it could under no circumstances have been taken as a gunshot wound.

He maintains that he either misspoke himself under emotion and pressure or was misquoted in making the positive statement that there had been a front entrance wound, saying what he said or meant to say was that this could have been. He says the wound was coated with blood and he did not make careful examination. He did not know that the Bethesda doctors quoted him two days later as having described the neck wound as a puncture wound. (He did not want me to tape the interview)

While he does not recall the exact times of the Humes phone calls, he is clear and certain there were two. He says the first dealt with the tracheotomy, even though it was obvious and the second with the bruise to the top of the lung. He acknowledges it is strange that the doctors did not phone him while they had the

body before them and that the hour of 10 p.m., Dallas time, would not have been an unusual one, even under normal circumstances, for a doctor to be called. He does not understand why Humes did not phone him then, when he had the body in front of him, and believes it would have been normal. He apparently is of the opinion the President's was no autopsy at all and has a very high opinion of the competence of Dr. Rose, the then Dallas coroner.

He maintains that he was not told by Humes what their report would say and disputes Dr. Clark's testimony that he had asked Clark to take his Saturday press conference because of this. He says that on Saturday there was merely a prepared statement issued. I told him of the conflict and its significance, but he maintained his account and recollection to be correct.

He smiled and agreed that Specter's pretense he had no account of Perry's first-day press conference was fictitious, that the business of the electronic media not having their tapes available was nonsense, that the newspapers had quoted him at some length and that, in any event, there was an official verbatim transcript (my recollection is by the Secret Service, although I am not positive it was by this agency) and he had been shown it. Yet he seems to be without question that he should have been in the middle of such a charade.

He is without doubt that the President's rear, non-fatal wound was in the back and not the neck on two bases: he found the measurements, which he quoted verbatim, placed it arout two inches below the top of the back, and he had so been told by the Bethesda doctors. He showed us on himself. I felt where he held his finger and it was about two inches below the top line, consistent with Kellerman's description. Assuming the front and rear wound to have been caused by a single bullet, he said that had the rear wound been any lower, it would have hit the lung, therefore he believes it was no lower.

Apparently not realizing the conflict between his statement and Humes' notes in Exhibit 397, he said the first call was on the trach and the second on the lungs and the blood he saw there on surgery. There is no such Humes notation.

Because he had to leave - we perhaps delayed him past an appointment - I did

not go into detail with him on certain aspects of the autopsy and injuries, as perhaps I might have under other circumstances.

He volunteered the opinion that Manchester had to have had a connection with the Kennedy family in writing his book because he got a letter signed by Mrs. Jacquline Kennedy asking him to be interviewed by Manchester. He says that although Manchester never did interview him, he did quote Perry directly, as though he had.

He was a very long time in answering the page, so long that after a while I had Dr, McClelland paged. When he did not answer, I had Dr. Rose paged. After the further passage of time, with no response, I was in a phone booth making a call when Perry came down. This is not unusual, because he could have been with a patient.

He does not agree that Dr. Shires was in charge of Connally's post-operative care, for reasons having to do with the practises of the Parkland doctors, yet his explanation was not comprehensible to me. He agrees Shires was, in fact, the doctor who did give this care, that as part of it he did order X-rays. He says he did not know that these chest X-rays disclosed metal in the chest.

On the leg wound, he said what he had been told of it is that it was a very shallow one. I asked him if the description indicated it could have held the bullet captive during the drive to the hospital and all the other movements of Connally's body prior to his surgery. He response was not direct, but it indicated the belief this was unlikely. He also said there was a question whether the metal in the tibia, shown in the X-rays, actually came from this wound. His reasoning seems to be based on the fact that the wound was so shallow the bullet did not hit the tibia. He also offers no explanation for the presence of the metal, no previous history to show how the governor could have metal imbedded in a bone without anyone having knowledge of it. When I asked him, not of this wound, if bullets did not show on X-rays, he made the provocative answer that they would if they were of the right material, indicating a belief other than lead bullets might have been used. I had made no such suggestion, had made no hint that would have led to this opinion.